



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0008618	DATE: October 13, 2011
FACILITY SITE ADDRESS: 797 S 18TH ST	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: LINDA LAWRENCE/ROSALIE DELAROSA	CERTIFIED FOOD HANDLER: ROSALIE DE LAROSA	EXP DATE: 1/23/2012	INSPECTOR: Veronica Santa Cruz-REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Today, the faculty was serving chicken and dumpling soup and steamed broccoli. The chicken and dumpling soup measured at 160° F and the steamed measured at 141° F.

Hand wash station was stocked with soap, paper towels, and hot water.
The walk-in refrigerator measured at 39°F.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Veronica Santa Cruz-REHS

Agency Representative

NOTE: This report must be made available to the public on request



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0003564	DATE: November 17, 2010
FACILITY SITE ADDRESS: 797 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: KINGS COUNTY COMMISSION ON AGING	CERTIFIED FOOD HANDLER: Rosalie De LaRosa	EXP DATE: 1/23/2012	INSPECTOR: Veronica Santa Cruz-REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Hand wash station was stocked with soap, paper towels, and hot water.
Walk-in refrigerator measured at 36° F.
If the facility wishes to receive the Food Safety All-Star Award from our department, the operator of the facility must document daily cooking temperatures.
Overall, facility is in satisfactory condition.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	Reinspection Date (on or after): <u> N/A </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By:

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Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: LEMOORE SENIOR CENTER	BUSINESS PHONE: (559) 924-7791	RECORD ID#: PR0003564	DATE: May 06, 2010
FACILITY SITE ADDRESS: 797 S 18TH AVE	CITY: LEMOORE	ZIP CODE: 93245	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: ROSALIE DELAROSA	CERTIFIED FOOD HANDLER: Rosalie De LaRosa	EXP DATE: 1/23/2012	INSPECTOR: Veronica Santa Cruz-REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: None Noted

General Comments:

Hand wash station was equipped with soap, paper towels, and hot water.
All cold holding units measured at or below 41°F.
Proper thawing was observed.
All employees were observed to be using food handler gloves while handling/cutting food items.
Facility is in satisfactory operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Veronica Santa Cruz-REHS

Received By:

Agency Representative

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